

## PROOF OF CLAIM

<b>Name of Debtor</b> Debit Corporation of America, Inc.		<b>Case Number</b> 04-14360 - BKC - AJC		FILED: 04/23/07 11:31 U.S. BANKRUPTCY CT SD OF FLA. HIA - OFFICE	
<b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))					
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property): William Winkler and Marjorie C. Hoodenpyle Name and Address where notices should be sent: William Winkler 3105 Haywood Ave Marj Chattanooga TN 37415-5307 Frank B Perry 346 Old County Road Ringgold, GA 30736		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Telephone Number: 706-965-8639		<b>Check here if</b> <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____ <b>this claim</b>			
<b>Account or other number by which creditor identifies debtor:</b> (If SS# only list last 4 digits of SS#):		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: xxx-xx-_____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Consumer Fraud</u>		<b>2. Date debt was incurred:</b>			
<b>3. If court judgment, date obtained:</b>		<b>4. Total Amount of Claim at Time Case Filed:</b> \$20,000 + _____ + _____ + _____ = _____ (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)			
Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.			
<b>6. Unsecured Nonpriority Claim</b> \$20,000 + _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>9. Supporting Documents:</b> Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)		<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.			
<b>Date</b> 6-22-04		<b>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</b> Frank B. Perry, Attorney <i>Frank B Perry</i>			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					



## Request for Domestic Funds Transfer

Date 11/18/03 Branch Name Red Bank CSR Name Brianne L. Pursley

### Originator:

Customer Name Margerie C Haddenpyle  
Street Address 205 Haywood Ave  
City, State, Zip Chattanooga, TN 37415  
Tax Identification Number (SSN) ~~444-44-4444~~  
Customer Identification \_\_\_\_\_  
Date of Birth 00-00-00

### Payment By:

☒ Debit Customer Account

DDA ☒ Savings ☐

Account # 5323110805

Account Name Margerie C Haddenpyle

☐ Other \_\_\_\_\_

Source of Funds

- ☐ Deposit made to cover these funds  
☐ Loan Proceeds  
☐ Sweep Account

### Transfer Instructions:

Wire Amount 10,000 -  
Target Bank - Name, City, State ("TO") SunTrust Bank  
Target Bank - Routing Number (ABA) 061000104  
Beneficiary Bank - Name, City, State ("BBK" if applicable) \_\_\_\_\_  
Beneficiary Bank Account Number (If applicable) \_\_\_\_\_  
Beneficiary's Name (Party to be Credited) Debit Corporation of America  
Beneficiary's Address - Street, City, State, Zip \_\_\_\_\_  
Beneficiary's Account Number (Account to be Credited) 1000014750894  
Originator to Beneficiary Information (Ex: Attention To, Reference Number, etc.) ATT: Bill Judd  
Bank to Bank Information (Ex: Branch Address, Attention, etc.) \_\_\_\_\_

By signing below, I authorize AmSouth Bank to effect the Funds Transfer described on this Request and agree to be bound by the terms and conditions of the Funds Transfer Agreement set forth on the reverse side thereof.

Margerie C Haddenpyle  
Authorized Signature

3216539  
Brianne L Pursley  
Bank Authorized Signature

2. \_\_\_\_\_  
Name of Corporation/Partnership

\_\_\_\_\_  
Approving Bank Officer

3y \_\_\_\_\_  
Signatory Representative Name (Printed)

ts \_\_\_\_\_  
Title

### For Bank Use:

Refer to fax procedures as stated in the Wire Transfer Policy.

Wire Fee: 15-

Internal Wire Sequence Number: 03118001761

White Copy - Branch File  
Yellow Copy - Customer

On: 12/09/03 15:29

Transaction Information Report Page 1

Seqnum: 031125003659 Assoc Seqnum:

Match Seqnum:

Tran Type: Administrative

Status: DRCR

Via: FW Direction: I Funds Flag: N Ref: 005810 Type: 1090

CommKey: FWIN 0311251627031300

Funds: SAME Repeat:

Routing: CANCELEDTRANSACT

Notified:

Printer: WPRINT Internal Tran Code: 0000000000

NOF?

DR:

Int:

CR:

Int:

DR Affil 001

CR Affil

Amt\$

.00 Int\$

.00 Rate:

Term: Days: 000

Waive Fees: N Msg Source:

Pool: Agent:

Source: 061000104 Name: STB ATLANTA GA

Target: 062000019 Name: AMSOUTH

OMAD: 20031125F2QCZ00C002095

STB ATLANTA GA /

AMSOUTH

/ REG FED IMAD:1119F2QCZ00C000676 DD: 11-18-03 AMT\$:10,000.00

YR CASE/REF: IN RESPONSE TO YOUR INVESTIGATION P LS BE ADVD:REQUEST FOR FUNDS DE  
NIED, CUSTOMER REC'D MERCHANDISE FOR THAT MONEY. CONTACT DIRECT WE CLOSE OUR FIL  
ES. REGARDS. OUR REF: 031118-008055

F3:NEXT PAGE F4:PRINT ADVICE F5:PRINT TRAN F6:COMMLOG F7:NOTIFY

BLOCK

1st \$10,000  
from our Mastercard account

4305

Marjorie C. Hoodenpyle  
William Winkler  
3105 Haywood Ave.  
Chattanooga, TN 37415

120170194 404 13 3423 DATE 5-05-03 6216 311

PAY TO THE ORDER OF  
*Debit Card of America Inc. \$10,000.00*  
*ten thousand dollars even* DOLLARS

*Wm Winkler*

MEMA America  
Wilmington, Delaware

FOR 004038

⑈ 604305 ⑈ 000100000000 ⑈

X  
PAY TO THE ORDER OF  
SUNTRUST BANK  
FOR DEPOSIT ONLY  
DEBIT CORPORATION OF AMERICA, INC.  
~~1000000000~~  
1000014850886  
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

SUNTRUST BANK 1017243  
FRBP\*\*R  
120170194 404 13 3423  
120170194 404 13 3423

10202003  
PROCESSED  
10202003

**BRIAN D. GORDON, C.P.A., P.A.**

12550 BISCAYNE BLVD., SUITE 500  
NORTH MIAMI, FL 33181

TEL: (305) 459-0557  
FAX: (305) 459-0567  
EMAIL: BRIANGCPA@AOL

**INDEPENDENT AUDITORS' REPORT**

**TO THE BOARD OF DIRECTORS  
DEBIT CORPORATION OF AMERICA, INC.**

I have audited the accompanying balance sheet and the related statements of income and retained earnings, and cash flows, of DEBIT CORPORATION OF AMERICA, INC., a Florida Corporation, as of June 30, 2003 and the six months then ended. These financial statements are the responsibility of the Company's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. These standards require that I plan and perform the audit to obtain reasonable assurance about whether the statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for our opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position as of June 30, 2003 and the results of its operations and cash flows in conformity with generally accepted accounting principles.

*Brian D. Gordon, C.P.A., P.A.*

**BRIAN D. GORDON, C.P.A., P.A.**  
July 2, 2003

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA**

[www.flsb.uscourts.gov](http://www.flsb.uscourts.gov)

**\*\*\* NOTICE \*\*\***

**This proof of claim contains attachments  
which exceed the five (5) page limitation  
pursuant to Local Rule 3001-1 (A)(3).**

**Rule 3001-1 Proof of Claim.**

**(A)(3) Attachments:** A proof of claim, including a proof based on a writing and filed pursuant to Bankruptcy Rule 3001(c), should not include more than 5 pages of attachments; however, the proof of claim must include a list or summary of any invoices or other omitted attachments that would have been included but for this page limitation. No original papers shall be attached. Interested parties requiring copies of the entire instrument upon which liability is based for claims filed pursuant to Bankruptcy Rule 3001(c) shall submit a request directly to the claimant who, without further order of the court, shall provide copies to the requesting party.